NAMI Connecticut
National Alliance on Mental Illness

Testimony before the Insurance and Real Estate, Human Services and Public Health Committees
February 14, 2011
HB 6305

Good afternoon, members of the Insurance and Real Estate, Human Services and Public Health Committees. My name is Alicia Woodsby, and I am the Public Policy Director for the National Alliance on Mental Illness, or NAMI-CT. We are the largest member organization in the state of people with mental illnesses and their families.

NAMI-CT supports the effort to expand access to health care coverage through the SustiNet Plan, and is in support of HB 6305 with one specific qualification and revision to the language in Sec. 7 of the bill. While NAMI-CT welcomes the state's focus on healthcare reform, we continue to ask that state policymakers be ever mindful of the fact that any proposed reform efforts should expressly include:

- support for maintaining or expanding current state healthcare mandates for individuals with mental illnesses, **including** protection of Connecticut mental health parity statutes and ongoing monitoring of the private insurance industry regarding implementation of state and federal parity laws,

- and a strengthening of CT's Medicaid coverage in order to maximize federal reimbursement and expand coverage to many of our most vulnerable citizens.

Accordingly, NAMI-CT strongly supports the provision in Sec. 3 of the bill that designates a mental health advocate to the board of directors for the SustiNet Plan Authority. NAMI-CT also applauds the legislation for including parity of coverage for physical and mental health conditions and integration of physical and behavioral health care as part of the comprehensive commercial style benefits to be offered through the SustiNet G plans.

Another critical provision of the bill is included in Sec. 17b, which calls for the SustiNet Plan benefits to include the state's health insurance mandates. This is consistent with the federal health reform legislation, which requires that all plans offered through state-based Exchanges comply with a set non-discrimination requirements, including the federal mental health parity law of 2008 (MHPAEA) and its corresponding regulations. This means that all health plans will be required to offer coverage of mental illness and substance abuse treatment and to comply with both state and federal mental health parity laws. **This is critical. People with serious mental illnesses are dying, on average, 25 years earlier than the general population**, and the ***lack of access to appropriate health care*** is cited as one of the main factors contributing to this serious public health problem. The practical implications of this are that people who can be and are productive in our state, die prematurely due to lack of adequate access to health care (NASMHPD).

Even with these current protections there are still thousands of individuals each year who are unable to obtain access to mental health treatment and medications that are crucial to their recovery and ability to maintain a life in their community. The adequacy and accuracy of mental health provider networks has been a major barrier in access to care, as well as the lack of appropriate reimbursement rates for mental health providers.

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NAMI-CT strongly supports the intent of Sec. 7 of this bill and requests a revision to the language to appropriately reflect this intent. Sec. 7 includes an important provision exercising an option available to the states under the Affordable Care Act to establish a Basic Health Plan (BHP) for all adults up to 200% of the federal poverty level. Particularly for adults who are elderly and/or have serious physical/psychiatric disabilities who are above the very low income threshold, the Basic Health Plan will provide coverage not currently available.

Currently, income limits are extremely low for eligibility to the Medicaid for the Aged, Blind, and Disabled program – approximately 60-80% of the FPL, which leaves many of our citizens with minimal resources and substantial health needs to grapple with the complex and administratively burdensome spend down program. The program requires that they incur enough medical bills within a six month period to "spend down" to qualify for Medicaid. It is extremely complicated and frustrating, and makes it difficult for people to access coordinated care.

While the intent is for the Basic Health Plan (BHP) to include all individuals with incomes between 133% and 200% of the federal poverty level (FPL), The language in Sec. 7 lines 592-597 must be revised to clarify that the intention of the bill is that **all individuals with incomes between 133% and 200% of the FPL, NOT JUST parents currently enrolled in HUSKY A, will be in the BHP.**

NAMI-CT strongly supports the following revision to Sec. 7:

Individuals enrolled in the basic health program shall include ~~parents~~ **all adults with incomes above one hundred thirty-three per cent of the federal poverty level**, as determined under the Affordable Care Act, **and at or below two hundred per cent of the federal poverty level, including but not limited to parents** who would otherwise qualify for HUSKY Plan, Part A, and individuals described in section 17b-257b.

The inclusion of all benefits, limits on cost-sharing, and other consumer safeguards from Title XIX of the Social Security Act in the Basic Health Plan will greatly improve coordination and access to health care coverage for those in the Medicaid for the Aged, Blind, and Disabled program. Sec. 7 as revised will support appropriate health care for people who are currently forced to utilize more expensive and acute medical services and whose health will continue to deteriorate if not provided with accessible and stable health care services.

It will also provide substantial cost savings to the state to offer benefits through the BHP. For parents of minor children whose income is between 133% and 185% of the FPL who currently receive full Medicaid benefits, the move to this option must come with basic protections to ensure they continue to receive all the same benefits, protections from cost-sharing and consumer protections they now have under Medicaid.

It has taken years to establish the current protections that exist for mental health treatment and medications, such as the Behavioral Health Partnership which holds out significant hope for coordinated care for children and adults with behavioral health needs and their families, the protection for people who are stable on psychiatric medications, the state mental health parity laws for private insurers, and the repeal of co-pays for people who are on Medicaid for the Aged, Blind and Disabled. All of these efforts make our citizens and our communities, healthier and more productive. We cannot lose sight of these gains while we work to extend healthcare coverage to our uninsured in CT.

Thank you for your time.

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